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Regional Initiatives for Capacity Building in the Health Sector

Prepared for the Directors Joint Consultative Committee
Nairobi, Kenya
August 1995

Support for Analysis and Research in Africa (SARA)
Health and Human Resources Analysis for Africa (HHRAA)
USAID, Africa Bureau, Office of Sustainable Development

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Regional Initiatives for Capacity Building in the Health Sector

by

Hugh Waters

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Executive Summary

Attached are 13 descriptions of initiatives for regional collaboration related to health and population activities The titles of the descriptions, arranged alphabetically, are

- An Agenda for Action to Improve the Implementation of Population Programmes in Sub-Saharan Africa in the 1990s
- The Asia-Pacific POPIN Network
- Capacity Building for Electronic Communication in Africa
- Central American Health Initiative (CAHI)
- CERPOD Advocacy for Population Policies
- East Africa Health Financing Network
- The Francophone Regional Advisory Committee (FRAC)
- The Health Learning Materials (HLM) Network
- IBFAN/Africa Networking for Breastfeeding Promotion
- Integrating Diarrhea Control Training into Nursing School Curricula in the Sahel
- International Network for Rational Use of Drugs (INRUD)
- Joint Health Systems Research Project for Southern Africa
- ORANA Information Dissemination on a Regional Basis

The majority of the initiatives are Africa-based Two—The Asia-Pacific POPIN Network and the Central American Health Initiative—are based entirely outside of Africa These two descriptions are included because they offer information and examples pertinent to regional collaboration in Africa

The descriptions provide helpful background and analysis concerning the advantages of regional collaboration in the health sector in Africa They provide examples of the way in which regional initiatives strengthen

and provide support to individuals, institutions, and governments In the health sector—and in general—African countries share many of the same constraints and opportunities Regional initiatives to share information, promote collaboration, and provide assistance to countries has proven to be effective The experiences described in the attached pages show what types of collaboration have worked, and why

To facilitate comparisons and provide a logical flow, the descriptions follow a set format

- **Overview**—summarizes the initiative's activities and points out important characteristics or issues which are pertinent for analysis of regional collaboration in Africa
- **Start-up**—describes the origin of the initiative, and in some cases provides background information
- **Organization and management**—describes who manages the initiative how it is organized, and where it is based
- **Main activities** of the initiative, particularly those activities that are related to capacity building in member countries
- **Funding**—sources of financial support

What is possible through regional collaboration?

Successful regional collaboration supports the health sector through many mechanisms that share, in common, the strengthening and capacity building of institutions and resources *within* countries Among the most important types of regional activities are the following

1 *Coordination of Government Policies and Activities* The World Health Organization provides an excellent forum for policy coordination among governments at the global and regional levels Regional initiatives can provide an important supplement to official collaboration through WHO, particularly for specific topics The Central American Health Initiative (CAHI), supported by the Pan American Health Organization, provides a forum for ministries of health and social security administrations in the region to agree on policies and to determine common activities to undertake on a regional basis

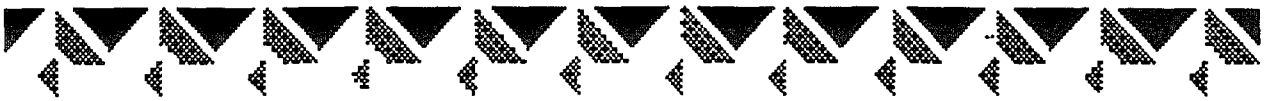
Regional organizations and networks with a specific focus can foster official collaboration within a given technical area For example, The Francophone Regional Advisory Committee (FRAC), brings together family planning program managers The International Network for Rational Use of Drugs (INRUD), through meetings and workshops, encourages government-to-government collaboration in the setting of drug policies

2 ***Networks*** promote collaboration, both official and non-official, and offer support to individuals and institutions working in the member countries The East Africa Health Financing Network, supported by USAID, has sponsored study trips and technical assistance among countries, and has shown that there is great demand for this type of sharing of experiences in the field of health financing Networks such as INRUD offer technical and financial assistance to their members This type of collaboration is reinforced through regular meetings, the active involvement of in-country coordinators, and the dissemination of information and documents such as newsletters The Asia-Pacific Population Information Network (POPIN) assists member countries to establish and run national information centers

3 ***Advocacy*** is one of the most important roles of regional initiatives and organizations Regional advocacy for population policies has been effective—as seen by the high-level impact of the African Political Action Committee (APAC) and the Sahelian institute CERPOD Since the mid-1980s, CERPOD's efforts have helped bring about the adoption of national population policies in eight of the nine countries in the Sahel region

Another model for advocacy is represented by IBFAN/Africa (the International Baby Food Action Network) Based in Swaziland, IBFAN/Africa supports programs and individuals who are promoting positive breastfeeding practices and lobbying for the enforcement of the International Code of Marketing of Breastmilk Substitutes in African countries

4 Regional initiatives are also instrumental in ***introducing and developing new initiatives and methodologies*** in the health and population sector For example, the Joint Health Systems Research Project has successfully focused attention and resources on Health Systems Research (HSR) in the Southern Africa region The Joint Project has encouraged Ministries of Health to name HSR coordinators and establish units for HSR It has linked these units through a network with regular meetings and fostered



relationships with universies and other organizations involved in research in the health sector

Similarly, INRUD has encouraged countries to share new approaches to pharmaceutical research And IBFAN/Africa has played an essential role in supporting new programs for the promotion of positive breastfeeding practices In the 1980s there were few, if any, national programs for breastfeeding promotion in sub-Saharan Africa Now African Ministries of Health are very much involved in breastfeeding promotion activities IBFAN/Africa provides a natural link among the responsible individuals and programs in these countries

5 ***Dissemination of documents and information exchange*** are clearly areas where regional collaboration is beneficial A regional information center or document clearinghouse can achieve "economies of scale" in the distribution of documents and reach otherwise unreachable audiences Several examples are offered here, including the ORANA Information Centre, in Dakar, and the Health Learning Materials Networks, until recently coordinated by WHO and UNDP

Computer-based technology has created the possibility of extraordinarily efficient and rapid communication and exchange of information among countries As a result, electronic information is expected to play an increasingly dynamic role in the development of health and population policies Services such as HealthNet provide access to a large amount of information for those who are on-line The CABECA Project (Capacity Building for Electronic Communication in Africa), supported by UNDP and based in Addis Ababa, is working to electronically link together individuals and institutions in Africa, the Asia-Pacific POPIN Network has demonstrated the potential of computer-based information sharing in developing country settings

6 ***Training and Training Curricula*** Regional training courses are useful for introducing new programs into countries by training a core group of qualified technicians who can get a program started Regional courses offered by IBFAN/Africa have played this role for breastfeeding promotion programs Regional courses are also an effective networking tool, bringing together individuals with common concerns and interests

The introduction of standardized training curricula in multiple countries also provides benefits, particularly when the curricula can be modified to meet the needs of each country involved There is not much experience in this area An initiative in the Sahel region, begun in 1986, succeeded in developing a nursing school curriculum for the Control of Diarrheal Diseases (CDD) on a regional basis, and in introducing these materials into the curricula of pre-service training institutions throughout the region

What are the characteristics of successful regional collaboration?

Each of the attached descriptions analyses the characteristics of the initiative which either encourage or discourage success While the characteristics vary widely depending on the initiative, there are important common characteristics responsible for success

- ***Emphasis on input from member countries*** Regular communication among coordinators in member countries, and between national representatives and regional coordinators, is essential for the smooth functioning of a regional initiative It is very important that regional coordinators actively seek and are receptive to the input of representatives within countries—especially for activity planning The success of a regional initiative rests on its ability to respond to the needs of the member countries, not to impose solutions based on outside analysis

- ***An institutional base*** Regional initiatives that are housed within a specific organization benefit from the administrative support of that organization They are also more likely to survive the ups and downs of donor funding than are initiatives which have no clear "base" or institutional champion It is also important that regional initiatives have at least a full-time person dedicated to organizing activities and communicating with member countries

- ***Financial sustainability*** While most regional initiatives and networks are dependent on the funding of external donors, several have overcome this built-in threat to sustainability These initiatives have generated interest on the part of governments and donors by successfully fulfilling their mandates, and presenting their accomplishments in a positive light to potential funders Diversity of funding is very important for sustainability, it is of note that nearly all of the initiatives de-

scribed in the attached pages are supported by multiple funding sources

Ultimately, the continuation of activities depends on a strong demand for those activities, and the commitment of member countries The family planning program managers who make up the FRAC place great value on regional meetings to share information and approaches Faced with the end of funding from a USAID project for these meetings, they have actively sought and obtained financing from a variety of sources in order to continue

- ***The "human element"*** the involvement of active and dynamic individuals managing the regional initiative and implementing activities within member countries Although intangible, this factor is clearly one of the most important determinants of success for regional initiatives It is critical that governments and institutions belonging to networks and regional organizations have qualified and dedicated individuals responsible for network coordination and resulting activities

1 An Agenda for Action to Improve the Implementation of Population Programmes in Sub-Saharan Africa in the 1990s

Overview

The Agenda for Action to Improve the Implementation of Population Programmes in Sub-Saharan Africa in the 1990s, popularly known as the Agenda, is an initiative managed by the African Population Advisory Committee (APAC) The members of APAC are high-level African officials and experts in the field of Population Working to implement the Agenda, APAC supports community-level development activities in member countries, emphasizing the role of beneficiaries in the design of development projects

APAC is also very much involved in advocacy—bringing important population-related issues to the attention of African governments and international organizations APAC's annual meetings are generally coordinated with meetings of the Global Coalition for Africa (CGA), providing a forum for the presentation of study results and the discussion of policy APAC also publishes the results of studies and policy documents Through the work of the Agenda, APAC has emphasized African ownership and leadership in addressing population problems

Start-up

The Agenda was launched in 1989 in response to the threat posed by population growth in Africa APAC was established in conjunction with the Agenda In its first meeting in Abidjan, in April 1989, APAC started activities in Nigeria, Kenya, and Ghana In 1991, activities also began in Burkina Faso, Cameroon, and Senegal APAC is currently considering expanding activities into Benin Niger, Mali, and Tanzania that have requested to be included in the Agenda

Organization and management

The implementing body for the Agenda is the African Population Advisory Committee (APAC) APAC is composed of 18 eminent African population and human resource experts from sub-Saharan African countries

At the ***country level***, a Country Task Force oversees the activities of the Agenda, working in collaboration with government agencies and NGOs

The task forces are primarily composed of technical experts from the country's universities and research institutions Each community involved in Agenda activities establishes a Village Resource Management Committee

The *APAC Secretariat* is housed in the World Bank in Washington, D C The Secretariat coordinates APAC activities and funding, and organizes inter-country meetings

Main activities

- ***Support for development priorities of communities*** within member countries The in-country activities of the Agenda are designed from the viewpoint of communities and beneficiaries—a reversal of traditional top-down approaches to development The development of these activities involves listening to, and bringing together, officials at different levels of government and community representatives Most Agenda community programs are combined with existing NGO activities The Agenda Country Task Force monitors and evaluates community activities In 1993, there were a total of 112 communities with Agenda activities in the six countries implementing the Agenda

- ***Advocacy for awareness of population issues*** APAC fulfills its role as advocate for Africa and for population issues in several ways

  Annual meetings bring together APAC representatives from different countries, to coordinate activities and to share experiences These meetings generally coincide with the annual meetings of the Global Coalition for Africa The CGA is a North-South forum that brings together high-level African leaders and Africa's external partners These meetings give APAC a high-visibility forum to present study results, raise population issues, and advocate desirable changes and policies

  APAC also prepares and publishes ***important studies and policy briefs*** related to population issues Recent examples are *The Impact of HIV/AIDS on Population Growth in Africa*, and *African Population Programmes Status Report*

Funding

The Agenda is a joint undertaking of African governments, the World Bank, the United Nations Fund for Population Activities (UNFPA), and the International Planned Parenthood Federation (IPPF) The Agenda has also received support from WHO, the African Development Bank, the Rockefeller Foundation, and several bilateral donors—including the Netherlands, Sweden, Norway, France, Denmark, Switzerland, the U S , and Germany

2 The Asia-Pacific POPIN Network

Overview

The Asia-Pacific Population Information Network (POPIN) demonstrates the potential of a well-coordinated information network working at the regional level Asia-Pacific POPIN offers support and technical assistance to member countries, and facilitates meetings and exchanges of information among countries A regional information center helps countries to set up and run national information centers, providing training, information services, and technical assistance The Asia-Pacific POPIN network is, in fact, a conglomerate composed of these national population information centers and national networks

The ultimate goal of POPIN is to enable developing countries in the region to attain self-reliance in the management of their population information systems, in order to improve and increase the use of population information for policy and program purposes Fully functioning national population information centers can bridge the gap between those who produce new knowledge and those who need it

The Asia-Pacific POPIN network faces challenges as it seeks to consolidate gains and move forward In only a handful of countries do a significant number of users have regular access to the communication technology necessary to fully benefit from the available databases and information The variety of software and hardware systems used in the region creates compatibility problems Information management skills are still in short supply

Organization and management

The Asia-Pacific POPIN network is coordinated by the Regional Population Information Centre of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) The member countries of the ESCAP Regional Population Information Centre are Afghanistan Bangladesh, China Fiji, India, Indonesia, Malaysia, Nepal, Pakistan, the Philippines, the Republic of Korea, Sri Lanka and Vietnam

The ESCAP Regional Population Information Centre works to facilitate inter-regional exchange of population information and experience with its counterparts at the Economic Commission for Africa (ECA), the Economic

Commission for Latin America and the Caribbean (ECLAC), and the global POPIN Coordinating Unit at U N headquarters in New York

Main activities

The Centre has helped 14 countries to set up national population information centers and networks, that are now part of Asia-Pacific POPIN, and continues to support the national centers with materials, technical assistance, and staff training As part of its coordinating functions, the Centre has encouraged the establishment of sub-regional networks, including ASEAN POPIN and Pacific POPIN Specific activities of the Asia-Pacific POPIN network include

- ***Surveys of, and support to, national information centers*** Since 1981 ESCAP has conducted periodic surveys of libraries and information centers in the Asia and Pacific region—looking at issues such as staffing resource base, facilities and equipment, computerization, information services, clientele, and networking activities The Regional Information Centre has provided technical and material support to assist the development of the national centers

- ***Consultative meetings and workshops*** China, India, Indonesia, and the Republic of Korea have hosted international meetings during recent years, resulting in a greater understanding and increased cooperation among Asia-Pacific POPIN members

- ***Training*** The Regional Centre organizes regional workshops, provides in-service training, and organizes study tours of the more advanced population information centers

- ***Database services*** The ESCAP Regional Centre maintains bibliographic information in a computerized database The Centre also has access to POPLINE through an agreement with Johns Hopkins University

- ***Publications*** The Regional Centre produces the *Asia Pacific POPIN Bulletin* on a quarterly basis The Centre also repackages technical information in a series called *Population Research Leads*, and produces a monthly newsletter entitled *Population Headliners*

- ***Grants*** The ESCAP Centre provides small grants to countries to translate U N publications into national languages

- ***Cooperation*** The ESCAP Centre coordinates activities with other regional information networks, including HELLIS (the Health Literature and Library Information System) of WHO

Funding

The Asia-Pacific Population Information Network (POPIN) is supported by member countries, UNFPA as part of the global POPIN network, and UNDP

3 Capacity Building for Electronic Communication in Africa

Overview

Capacity Building for Electronic Communication in Africa (CABECA) is an initiative of the Pan-African Development Information System (PADIS), part of the U N Economic Commission for Africa (UNECA) CABECA works to improve the technical capacities of African countries for electronic information exchange, and promotes the harmonization and compatibility of databases

Electronic information exchange, including e-mail and access to the Internet and databases, holds great potential for Africa But there are significant barriers Most African countries do not have available to them what users in most other regions of the world have the ability to communicate electronically and to do on-line searches of large databases and download the results When access to electronic information is available in Africa, it is typically at a higher cost than in developed countries CABECA is seeking to address these difficulties through regional collaboration and technical assistance to member countries

Start-up

PADIS began in 1980 and quickly became an advocate for an African regional information network within the UNECA PADIS started a pilot project in 1990 called "Computer Networking in Africa," experimenting with new technologies for information exchange This led to the current project, Capacity Building for Electronic Communication in Africa (CABECA), which began in 1993 CABECA's goal is to promote regional integration through increased capacity for information exchange

Organization and management

CABECA is a project of the Pan-African Development Information System (PADIS) which is part of the U N Economic Commission for Africa (ECA), located in Addis Ababa African institutions and government information centers affiliated with CABECA are linked together electronically through the PADIS network There are 46 institutional participating centers and 38 national participating centers, in this network

Main activities

CABECA provides technical support to institutions, organizations, projects and individuals in both the private and public sectors Technical support is principally for setting up and strengthening electronic communication systems to provide inexpensive and easy access to local and international information services, including electronic mail, conference mail, and file transfer databases CABECA works cooperatively with other networking projects in the region, such as SatelLife/HealthNet, RINAF, RIO-ORSTOM, and the UNDP Sustainable Development Network

Specific activities include

- ***Site visits*** to evaluate needs and facilities and design electronic communication plans
- ***Workshops*** and skills training within countries
- ***Supply and installation of hardware and software***
- ***Dissemination of technical materials***, including worksheets and manuals
- ***Harmonization of communication standards***, including hardware and software systems The Standing Committee on the Harmonization and Standardization of Information Systems in Africa has met biennially since 1987

In addition, the PADIS network offers information and access to documents that are e-mail accessible through the POPIN gopher, including documents on the World Bank's Population, Health and Nutrition list server (PHNLINK) For example, the PADIS node in Ethiopia has more than a dozen subscribers to daily summaries concerning developments related to HIV/AIDS, sent from the Netherlands

Funding

The Pan-African Development Information System (PADIS) and the CABECA project are financially supported by UNDP and UNFPA

4 Central American Health Initiative

Overview

The Central American Health Initiative (CAHI) provides a forum for ministries of health and social security administrations in the region to agree on policies and to determine common activities to undertake on a regional basis CAHI also allows for the sharing of country experiences and collaborative planning, including planning of technical assistance within the region The countries involved in the initiative are Belize, Costa Rica, El Salvador, Guatemala, Honduras, and Panama

Start-up

The first phase of the Central American Health Initiative began in 1983 In that year, the Plan for Priority Health Needs in Central America and Panama was launched by the Director of PAHO, with support from the Ministers of Health of the countries involved, at a meeting in Panama Under the slogan "*Health as a Bridge for Peace,*" this plan was designed to respond to the urgent health needs of population groups by providing an important mechanism that could coordinate efforts, carry out planning, and mobilize resources to improve health services and programs in the region

The second phase of the CAHI lasted from 1990 to the end of 1994 under the slogan "*Health and Peace for Development and Democracy*" A third phase, extending to the year 2000, was recently approved by the regions Ministers of Health at a meeting in September, 1994

Main activities

CAHI provides policy guidelines and coordinates activities among countries Specifically

- CAHI ***coordinates health sector initiatives*** at the regional level The Special Meeting of the Health Sector is the primary mechanism for coordination
- CAHI ***focuses attention on general and specific health issues*** at the highest political levels (such as Presidential Summits)

- Two ***policy organizations*** have been created through CAHI—the Council of Ministers of Health of Central America and the Central American Council of Social Security Institutions

- In cases where regional initiatives are not easily implemented because of a shortage of human resources in member countries, CAHI plays a major role in providing ***technical assistance*** among countries—to mobilize national resources and transfer knowledge

Areas of collaboration

CAHI encompasses four priority areas for regional collaboration

- ***Health Infrastructure***, including health services development, manpower development, social security systems, essential drugs, disaster organization and preparedness, technical and scientific information, and maintenance of equipment and physical resources

- ***Health Promotion and Disease Control***, including health promotion, food and nutrition, vector-borne diseases, AIDS prevention and control, control of urban rabies, and immunization

- ***Health Care for Special Groups***, such as refugees and displaced persons, mothers and children, women, and workers

- ***Health and the Environment***, focusing on environmental protection, and water and sanitation

Funding

The activities of CAHI are funded by member governments, with support from the Pan American Health Organization (PAHO)

5 CERPOD Advocacy for Population Policies

Overview

CERPOD is the *Centre d'Etudes et de Recherches sur la Population pour le Developpement* (Centre for Applied Research on Population and Development) Located in Bamako, Mali, CERPOD serves nine countries in the Sahel region Burkina Faso, Cape Verde, Chad, The Gambia, Guinea, Mali Mauritania, Niger, and Senegal CERPOD conducts research and provides technical assistance to member countries in the areas of demography and population research

Since the mid-1980s, CERPOD has been actively involved in encouraging countries in the region to develop and adopt national population policies Senegal adopted a national policy in 1988, and seven other Sahelian countries have followed In the region, Mauritania is currently the only country without a national population policy CERPOD is now working with additional African countries for policy development The main approaches that CERPOD has used have been workshops and country visits—to assist in the development of policies and to lobby for their adoption CERPOD's efforts show the impact that a regional organization can have both in offering technical support to member countries and as an advocate for policy change

Start-up

The origins of CERPOD go back to the establishment in 1973 of the Permanent Interstate Committee for Drought Control in the Sahel (CILSS), an intergovernmental agency of the nine Sahel countries, set up to organize the distribution of food to Sahel populations during drought The mandate of CILSS was later expanded to cover general development issues, including economic and environmental aspects A focus on important population issues in the region led to the creation of the Socio-Demographic Unit at the Sahel Institute (under the auspices of the CILSS) in Bamako Mali In 1988 this unit was transformed into CERPOD, which is currently a semi-autonomous organization of the Sahel Institute

Main activities

CERPOD has successfully worked with member countries to develop and adopt national population policies The main activities behind this effort are

- ***Workshops.*** A workshop in Bamako in November, 1994, brought together 38 participants from 18 francophone countries and one anglophone country The workshop presented progress made in the development of population policies and implementation plans, and layed out for the essential actions needed to sustain these efforts CERPOD facilitators provided assistance to participants in diverse areas of population activities, including data collection and analysis, policy formulation, planning, and program management

- ***Country visits*** to provide technical support in the planning, implementation, and evaluation of population policies, and to assist countries in conducting research

- Producing an illustrative set of ***guidelines*** aimed at facilitating policy formulation and implementation

Among the countries that CERPOD has worked with, Burkina Faso, Cameroon Cape Verde, Chad, The Gambia Guinea, Mali, Niger, and Senegal have adopted national population policies The policies call for increased attention to maternal and child health care, education, and family planning Some countries have identified migration and refugee problems as a priority issue

Funding

CERPOD receives assistance from several donor organizations, including UNFPA, USAID (through several different projects), and the Population Council The 1994 policy workshop and related efforts to develop national population policies were supported by the OPTIONS Project of USAID

6 East Africa Health Financing Network

Overview

In 1994, the USAID Regional Office for East and Central Africa (REDSO/ESA) started a regional Health Financing Network The network is part of a larger initiative to promote regional networking and collaboration in technical fields related to health and population Although just begun, the Health Financing Network has already organized a series of training courses, study visits, and inter-country technical assistance assignments Building on the experiences of the USAID-funded Kenya Health Care Financing Project, the network shows that there is a strong demand for this type of collaboration and sharing of experiences among countries faced with similar issues in the implementation of cost recovery systems

Countries involved in network activities to date are Kenya, Ethiopia, Tanzania, and Uganda Challenges now include widening the network to additional countries and taking advantage of momentum already generated to establish more permanent networking activities, including systematic planning of upcoming activities

Organization and background

The Health Financing Network is an initiative of the REDSO Office for East and Southern Africa, supported by technical assistance from the USAID-funded BASICS Project A Network Coordinator within the REDSO office in Nairobi has provided administrative and organizational support for activities

Designed to promote the sharing of experience and information within the region, the network builds on the Kenyan experience in health care financing The Kenyan Ministry of Health (MOH) has successfully increased revenue generation through user fees and insurance reimbursements The MOH has been supported by the USAID-funded Kenya Health Care Financing Project (HCFP) Together the MOH and the HCFP have developed experience and strategies for overcoming initial resistance to user fees, while developing policies for waivers for the poor, and linking revenue collection to visible improvements in quality of care

Main activities

- *Study tours and technical assistance* In March, 1994, a delegation of Ethiopian officials visited Kenya for a series of meetings on various aspects of the Kenya health financing program and its relevance for Ethiopia In August, 1994, staff of the Kenyan MOH the HCFP, and REDSO visited Ethiopia to further develop the transfer of the Kenyan experience and to assist in the drafting of the Ethiopia health care financing strategy document

  The Kenya team has continued to visit Ethiopia Their technical assistance has aided the development of the national strategy document, and has helped to define staffing functions and a budget for the Ethiopia Health Financing Secretariat Staff of the Kenya Health Financing Secretariat also visited Tanzania in March 1995, providing guidance on the implementation of a cost sharing program in that country and reciprocating an earlier visit from the Tanzanian MOH

- *Regional training courses and workshops* A training course in Nairobi in October 1994, entitled «Financing Options and Cost Control,» brought together 28 participants from Eritrea, Ethiopia, Kenya, Netherlands, Niger, Nigeria, Sudan, Tanzania, Uganda, and Zimbabwe The participation of the Ethiopian and Eritrean representatives was financially supported by REDSO through the Health Care Financing Network The course focused on the challenge of generating new resources and using existing resources more effectively, while improving quality of care and increasing access to health care services

  The Network organized a regional workshop on Managing Cost Sharing in Government Health Programmes, in May, 1995 in Nairobi With participants from 10 African countries and the U S , the conference provided a forum for exchange of experiences and technical information

Next steps

The May 1995 conference also proposed additional activities to further regional collaboration in health financing, including

- Continued visits to countries which have specific experiences applicable to other countries in the region
- Regional meetings focused on a few crucial issues, such as financial information systems, health information systems, national health insurance schemes, and development of consulting skills
- Improved coordination among donors active in health care financing
- Sharing of reports and study results within the region

The Health Care Financing Network has plans to follow-up on these recommendations The network is planning to launch a newsletter which would provide a vehicle for sharing information and technical updates The network also plans to establish a resource center for documents related to health financing at the REDSO office in Nairobi

Funding

The USAID REDSO office and the USAID-funded BASICS Project have provided the funding for the activities of the network, including the salary of the Network Coordinator, who is employed by BASICS The Kenya Health Care Financing Project is supported by Management Sciences for Health (MSH), with funding from USAID

7 The Francophone Regional Advisory Committee (FRAC)

Overview

FRAC represents a network of senior family planning managers and policy makers from Haiti and French-speaking countries in Africa FRAC members meet annually to discuss a specific management topic of common interest related to improving family planning program performance The FRAC works to reduce the isolation of senior family planning program managers in Francophone countries, and promotes the transfer of management technology between countries and programs

Start-up and organization

The FRAC was established in 1987 Annual meetings have been organized by the host countries, with support from the USAID-funded Family Planning Management Development (FPMD) Project The FPMD project is run by Management Sciences for Health (MSH), based in the United States

Main activities

The principal coordinating mechanism of the FRAC is the organization of ***annual meetings*** grouping together senior level family planning program managers from approximately 14 countries The meetings are held in a different country each year Each meeting treats a specific topic which lends itself to sharing experiences and which is of interest to family planning managers The topics have included

- Integration of family planning and MCH programs,
- Managing community participation,
- Quality of care,
- Decentralization,
- Institutionalizing supervision,
- Sustainability

The meetings include presentations by technical experts and by participants, and the development of action plans adapted to the needs and realities of each participating country In addition to transferring knowledge, these meetings have led to on-going relationships among the participants, who generally return each year Participants go home from the meetings with a better understanding of management and technical issues Some participants multiply the beneficial effects of the meetings by giving presentations at national workshops or seminars

Funding

Since 1987, funding for the annual meetings has come from USAID through the FPMD Project and its successor, the Family Planning Management Training (FPMT) Project However, FPMT was unable to fund the 1995 meeting since the project is coming to an end Faced with the possible end of the annual meetings, FRAC members have successfully found funding on their own, from a wide variety of sources, to attend the 1995 meeting The Benin Family Planning Association is hosting the 1995 meeting

8 The Health Learning Materials Network

Overview

The Health Learning Materials (HLM) Network supports the development of national capacities for the production of health education materials From 1981 to 1994, WHO and UNDP jointly supported a central clearinghouse in Geneva, Switzerland, which coordinated the HLM network and supported national HLM centers The HLM Project, that funded the clearinghouse, ended in 1994 National HLM projects, integrated into ministries, continue the activities of the network

From its beginning, the objectives of the HLM Network have been

- To enable developing countries to produce their own relevant teaching, learning, and promotional materials for their national health care staffs,
- To encourage interregional sharing of scarce resources and to promote exchange of materials and production experiences

Organization and management

Until 1994, network activities were coordinated by the central clearinghouse in WHO headquarters in Geneva The clearinghouse was composed of two professional and two support staff Four regional networks have developed, three of which are in Africa

- An English-language network based in Nairobi,
- A French-language network based in Cotonou
- A Portuguese-language network based in Bissau,

Member countries have created national HLM projects, generally part of the Ministry of Health or Ministry of Education in collaboration with university-level institutes

In most cases, governments have named project managers who have primary responsibility for the coordination of the country's activities within the HLM Network External support for the national HLM projects was designed to last five years, leading to a self-reliant national HLM unit with a

core of trained staff, the necessary equipment—able to plan, test, produce, and evaluate teaching and learning materials for its own health personnel

Main activities

The central clearinghouse in Geneva undertook the following types of activities

- *National infrastructure-building* helping participating countries to assess their needs and resources, plan, and obtain funding Capacity building included the development of competent production units in participating countries

- *Providing advice and assistance* for training and health promotion through the preparation and dissemination of guidelines on all aspects of HLM development, the provision of model materials, and advice on educational methodology and technology

- *Promoting the sharing* of ideas, expertise, and training facilities among participating countries through the creation of networks This function included improving communications between and among countries—particularly by fax and e-mail

- *Promoting of the aims of the program* to potential donors as well as to other agencies and NGOs

- Publishing a newsletter entitled *Network News—Health Learning Materials*

The regional network groupings have done the following

- *Intercountry training* almost 500 key national staff have participated in intercountry training workshops on a wide variety of special skills, including writing, editing, design, desktop publishing, education methodology project management field testing, and distance education

- *Exchange visits and study tours*

- *Developing databases*, maintained by the regional network headquarters The databases include information on resources and materials available in member countries

Funding

The HLM Project was an initiative of WHO and UNDP It also received funding from, at various times, the Arab Gulf Fund for U N Activities (AGFUND), the Communaute française de Belgique, the International Federation of Pharmaceutical Manufacturers' Associations (IFPMA), and the Governments of the Netherlands, Sweden, Italy, and Denmark

Individual country projects, assisted by the clearinghouse, have been able to obtain funds from many sources, including UNDP, UNICEF, the Swedish International Development Agency (SIDA), DANIDA, the local offices of WHO, and a number of NGOs

9 IBFAN/Africa Networking for Breastfeeding Promotion

Overview

The International Baby Food Action Network (IBFAN) Africa Regional Office actively promotes breastfeeding and correct weaning practices IBFAN has trained a strong core of health professionals, many of whom now coordinate breastfeeding promotion activities in their own countries IBFAN has also established an informal network for breastfeeding promotion primarily composed of graduates of its courses In the 1980s there were few if any, national programs for breastfeeding promotion in sub-Saharan Africa Now, African Ministries of Health are very much involved in breastfeeding promotion activities IBFAN/Africa provides a natural link among the responsible individuals and programs in these countries

Organization

IBFAN/Africa is based in Mbabane, Swaziland, with an additional office in Ouagadougou, Burkina Faso IBFAN/Africa is affiliated with the New York office of the International Baby Food Action Network

Main activities

- *Training and regional meetings* Since 1985, IBFAN/Africa has conducted training at both the regional and national levels The majority of IBFAN's training has been in the area of lactation management, with emphasis on programmatic issues and promotion of the International Code of Marketing of Breastmilk Substitutes In 1994 a training course in Malawi focused exclusively on the promotion and enforcement of the Code Regional training courses and meetings offer a forum for sharing country experiences among national program managers

  Lactation management courses have targeted midwives, nurses, and community health workers Each course has been organized in collaboration with a local institution, either an NGO or the Ministry of Health IBFAN pays the cost of bringing in outside trainers if needed, books, visual aids, and any trainers-in-training from other countries IBFAN provides textbooks to every participant A library of additional reference books is available both during the course and afterward as a self-education resource

- ***Promotion of the International Code of Marketing of Breastmilk Substitutes*** As part of the International Monitoring Project supported by UNICEF and WHO, IBFAN/Africa is actively documenting abuses of the Code in four African countries In addition, promotion of the Code is a fundamental aspect of IBFAN training

- ***Assistance to the Baby Friendly Hospital Initiative (BFHI)*** in South Africa, Namibia, and Botswana IBFAN has supported assessments of hospitals and trained experts in assessment techniques

- The IBFAN/Africa Regional Office is currently setting up an ***information resource center*** within the office in Mbabane The resource center will provide essential back-up for training activities and will serve as an information resource for breastfeeding promotion in the region

Funding

IBFAN/Africa is supported by UNICEF, the Swedish International Development Agency (SIDA), and other donors

10 Integrating Diarrhea Control Training into Nursing School Curricula in the Sahel

Overview

Training health workers in professional schools is often more efficient than in-service training Efficiency and impact can be further increased through sharing pre-service training materials across countries, and the integration of these materials into schools providing professional health training Countries in the Sahel region succeeded in integrating training for CDD into nursing schools The introduction of CDD training modules filled a gap in the curriculum of the schools, and created useful links between the schools and national CDD program staff

Several aspects of this initiative favored its success Teachers from the schools and CDD program staff were involved in the development of the training materials CDD programs actively monitored the use of materials The materials themselves were straightforward and clear, including examples and illustrations from the countries of the region, and adaptable to a variety of contexts This experience also shows that an outside agency can play an important role as a facilitator to bring together important collaborators—the schools and the national CDD programs—which might not otherwise work together

Background and start-up

Nurses play a special role in control of diarrheal diseases (CDD) programs Their acceptance, promotion, and effective use of oral rehydration therapy is essential for programs to have an impact in terms of case management and education of mothers Reaching health professionals at the pre-service level is clearly more cost-effective than large scale in-service training However, in the Sahel region in the mid-1980s, nursing school curricula did not cover information on oral rehydration therapy (ORT) The integration of CDD modules into the nursing schools began in 1986 It was a collaborative effort among the schools themselves, national CDD programs in the region, the WHO/AFRO regional office and the USAID-funded PRITECH Project

Main activities

- ***Visits to the schools*** In 1986, the PRITECH/WHO team, together with representatives from national CDD programs, made an initial visit to 11 schools in the five countries initially involved—Burkina Faso, Mali, Mauritania, Niger, and Senegal Once the materials had been prepared, the team made additional visits to each school to discuss plans for integration of the materials into existing curricula

- ***Collaboration in drafting the training materials.*** Two representatives from each school and one from the CDD program in each country attended a workshop to develop the first draft of the training materials Integration was facilitated by the fact the modules included health education materials and illustrations from the countries themselves

- ***Continued communication with the schools*** to assist them with problems encountered in using the materials The active involvement of the national CDD programs was an important factor in encouraging the schools to adopt the training materials, and in follow-up on the use of the materials

- ***Refresher courses for the teachers,*** usually organized within the schools themselves Many teachers had not previously been exposed to the basic principles of CDD case management and programs

Results

Use of the modules resulted in an important increase in the number of hours devoted to CDD topics, including hygiene and cholera—from a maximum of 10 hours prior to the introduction of the modules to at least 30 after their introduction Schools often had problems accommodating increased time for CDD in schedules that were already full But most schools found time for CDD, the Health Education module was often included in health education classes

This pre-service training initiative also created valuable links between national CDD programs and the nursing schools, that had not previously been in close contact The success of this initiative led to the introduction of the

modules, or revised versions of them, in Mauritania and The Gambia—for a total of 21 nursing and public health schools

Funding

Funding for the curriculum integration initiative was provided by the WHO Africa Regional Office (WHO/AFRO) and the USAID-funded PRITECH Project

11 International Network for Rational Use of Drugs (INRUD)

Overview

INRUD links together core groups of researchers from five African and five Asian countries, with support groups in the U S , Sweden, Australia, and at WHO INRUD promotes well-designed research into problems of drug utilization, and identifies interventions that are promising for promoting rational drug use The network is committed to sharing relevant experiences among countries and institutions

INRUD organizes and funds meetings of network members and training courses on the rational use of drugs In addition to research projects, the network supports the development of research methodologies, maintaining an interdisciplinary focus which links the clinical and social sciences Activities typically originate as proposals from country-based core groups of individuals representing ministries of health, universities, NGOs, and private sector institutions,

Start-up

INRUD was established in 1989 with the goal of promoting the rational use of pharmaceuticals Initial discussions about the idea of a multi-country effort to address the issue of inappropriate use of drugs were held in Germany in July 1989, at a meeting of clinical pharmacologists from Asian and African countries, and representatives of universities and donors After start-up activities, including country visits, the preparation of country experience papers, and the development of country action plans, seven developing countries were included in the network Nigeria, Ghana, Sudan, and Tanzania in Africa, and Bangladesh, Nepal, and Indonesia in Asia Zimbabwe, Thailand, and the Philippines joined the network later

Organization and management

Rather than using one institution as the base for activities in each country, INRUD is designed to permit affiliation of individuals in universities, government departments, NGOs, and the private sector There is a core country group in each member country, headed by a national INRUD network coordinator Members of the core groups are typically clinical pharmacologists, physicians, MOH officials, pharmacists, and social scientists

The INRUD Network Committee is comprised of one person from each country and an additional social scientist from the Asian region and African region The activities of the Network are supported by multilateral, bilateral, and foundation donors, and by Management Sciences for Health (MSH), a U S -based non-profit health consulting company Administrative support is provided by the Network Coordinator, employed by MSH

Main activities

- ***Workshops.*** The first INRUD workshop was held in Yogyakarta Indonesia in 1990 Network members have continued to meet in workshops and conferences, which are often coordinated with related meetings, such as a meeting on the rational use of drugs being held in Australia this year

- ***Training courses,*** including national courses on Promoting Rational Drug Use A regional course on the same subject was held in Harare in March 1993 The participants—from 14 African and six Asian countries—included doctors, pharmacists, administrators, training officers, and health economists

- ***Support to research projects and development of research methodologies*** INRUD funds research projects based on the submission of proposals INRUD was instrumental in the development of a manual of indicators for use in studying drug use patterns The manual, *How to Investigate Drug Use in Health Facilities* (WHO/DAP/93 1), provides indicators for drug prescribing, patient care, local drug system context, supply and consumption, and drug marketing and information

- Publication of a semi-annual newsletter, *INRUD News,* which includes correspondence from interested readers in many countries, reports of meetings, descriptions of recent publications of interest and developments in research methodologies, and briefs on ongoing research The newsletter has a circulation of 2,500

- The network also encourages and supports ***intercountry visits*** to share experiences, broaden knowledge and assist network members in the development or conduct of research

Funding

INRUD receives funding from the World Health Organization and Management Sciences for Health Individual research projects are funded by a wide variety of sources, including universities, in addition to network funds

12 Joint Health Systems Research Project for Southern Africa

Overview

The Joint Health Systems Research Project has successfully focused attention and resources on Health Systems Research (HSR) in the Southern Africa region The Joint Project has encouraged Ministries of Health to name HSR coordinators and establish units for HSR It has linked these units through a network with regular meetings, and fostered relationships with universities and other organizations involved in research in the health sector

A key factor facilitating these achievements is the fact that the MOH in each country has named at least one person as specifically responsible for Health Systems Research—a focal point for the project and the network it has developed Intercountry workshops and activities such as the development of joint training modules have benefitted from the active participation of representatives from each of the countries, and have included universities and collaborating organizations Challenges now facing the joint project include sustaining the current momentum and transferring experiences to other countries and regions

Background and start-up

Health Systems Research (HSR) aims to make the most efficient use of scarce resources for health through focused, problem-solving research The results of HSR are used in the formulation of health policies, in the design or improvement of health care services, and in the organization and management of health systems The Joint Project was designed to introduce and promote HSR in Eastern and Southern Africa The first phase of the project lasted from 1987 to 1991, the second phase is scheduled to end in December, 1995 A third phase will last from 1996 to 2000

Organization and management

The Project Manager located at the WHO office in Harare, coordinates project activities and provides technical support to Ministries of Health in the region for health systems research A Technical Advisory Committee, consisting of representatives of national HSR Units and universities in participating countries, assists the Project Manager A smaller Steering Committee is composed of representatives of the funding agencies and one

representative of the national HSR units, elected annually by the Advisory Committee The Steering Committee advises the Project Manager on policy issues

Main activities

- All Ministries of Health within the region have ***appointed a person as «focal point»*** for health systems research Several countries—Botswana, Lesotho, Mauritius, Mozambique, the Seychelles, Tanzania, Zambia, and Zimbabwe—have gone further, establishing ***Health Systems Research units*** with full-time personnel committed to conducting practical research and using the results to aid the decision-making process In 1987, Botswana was the only country in the Southern Africa region with a Health Research Unit

- ***Intercountry workshops*** have enabled participating countries to share experiences, draft and revise plans for health systems research, and offer guidance to the joint project The first intercountry workshop, in July 1989, led to follow-up visits to each country, and the development of country action plans

- ***National consultative meetings***, of one to two days duration, sensitize policy-makers to the value of HSR and identify priority research needs Participants in these meetings, numbering 20-40, have been senior policymakers, health managers, researchers, and teachers

- A 1988 workshop to develop training modules resulted in a ***Health Systems Research Training Course*** This course involves development of proposals, implementation of the research over six months with the guidance of facilitators, and a final workshop to analyze and interpret results Since 1987, the Joint Project has organized 19 training workshops

- The Joint Project has sponsored ***approximately 80 studies in 13 countries*** An internal evaluation of the Project, in June, 1993, showed that about 50% of the recommendations from the studies resulted in changed policies and actions The subjects of the studies fall into four broad categories (1)management of health services (2)use of specific health services and facilities, (3)risk factors for health problems, and (4)knowledge, attitudes and

practices studies Specific topics have been in areas as diverse as community health posts the use of pit latrines, AIDs, and maternal mortality

- The Joint Project maintains a ***small library*** in the WHO office in Harare, distributing important technical documents to the HSR units and focal points in the region The project also publishes and distributes a ***newsletter*** twice a year

- Many other activities link the countries involved in the Project—including the joint development of training and technical materials, participation in the Technical Advisory Committee meetings and intercountry workshops, and the standard practice of inviting neighboring country representatives to national workshops The Project has developed links with national and international institutions involved in HSR, including UNICEF, the Swedish International Development Agency (SIDA), and the Commonwealth Regional Health Community Secretariat (CRHCS) All of the these organizations have participated actively in HSR intercountry workshops or related activities

The Joint Project has successfully raised awareness of the importance of health systems research in Southern Africa The Project has supported skills development and funded practical research Moreover, it has fostered a high degree of international collaboration and sharing of experiences Two major issues now face the Joint Project One is sustainability—ensuring that the present momentum is maintained in the region The second is transferability—making experiences and expertise available to other countries and regions The third phase of the project aims to strengthen existing HSR structures, emphasizing the sustainability of these structures

Funding

The first two phases of the Joint Health Systems Research Project for Southern Africa have been supported by WHO, the Netherlands Ministry of International Cooperation (DGIS), and the Royal Tropical Institute (RTI)

13 ORANA—Information Dissemination on a Regional Basis

Overview

The ORANA Information Centre, based in Dakar, has shown that information distribution for a specific technical area is feasible on a regional level Moreover, there is a great demand for this type of service, the distribution of important documents is an extremely useful service ORANA has translated technical documents into French, making these documents accessible to a wide range of French-speaking policy-makers and health professionals ORANA has also produced its own publications providing information and perspectives unique to the region

At the same time, ORANA's experience shows the difficulties of information distribution on a regional level While demand is high, few individuals or organizations are prepared to pay for publications and documents Cost recovery is difficult, if not impossible, meaning that outside assistance is a prerequisite for successful information dissemination activities in Africa Slow postal service is a serious problem for international mailings

Background and start-up

The African Organization for Research on Food and Nutrition (*l'Office de Recherches sur l'Alimentation et la Nutrition Africaines*—ORANA) is a regional institution based in Dakar, Senegal ORANA's original mandate was for research on child feeding and nutrition issues Since 1981, the organization has increasingly specialized in the production and dissemination of documents ORANA has become an important information resource for health professionals in francophone countries throughout West Africa, particularly for issues related to the control of diarrheal diseases (CDD) and other child survival activities

In 1985 ORANA began collaboration with the USAID-funded PRITECH Project PRITECH provided support for a regional information center to meet the needs of CDD programs in the Sahel region In 1989, the information center expanded its focus to include nutrition topics, including breastfeeding, weaning practices, feeding of the sick child, and growth monitoring With assistance from Helen Keller International and UNICEF, ORANA further expanded its activities to include topics related to Vitamin A

Main activities

With a strong link to the PRITECH Information Center in Washington, D C , ORANA has filled an important role in West Africa—providing technical information in a useful format and presentation ORANA has

- Compiled a ***mailing list of over 850 readers*** in francophone West Africa—decision makers in central and regional ministries of health and international organizations, teachers, students and libraries in schools of health, researchers, and journalists Every three months, these readers receive lists of the newly available documents, which they can request from ORANA free of charge

- ***Translated important technical articles and distributed them to the individuals on the mailing list.*** ORANA also distributed the *Technical Literature Update*, a publication of developments related to diarrheal diseases produced by the PRITECH Project, in both English and French versions

- ***Produced and distributed technical guides and other publications*** concerning CDD programs in West Africa, including annotated bibliographies and statistical overviews of CDD in Sahelian countries

- Since 1981, the ORANA Information Centre has ***translated and distributed a French version of Dialogue on Diarrhoea*** in cooperation with AHRTAG, a primary health care organization based in London ORANA has also developed an African Supplement to *Dialogue on Diarrhoea*, distributed to 15,000 African readers

- Developed a collection of over 3,700 documents available for reference including theses and dissertations on CDD from universities throughout Africa

- ***Worked with 90 nursing and medical schools*** in the region providing these schools with «mini-libraries» for CDD and Vitamin A ORANA has obtained technical documents and updated WHO training materials for these schools

Funding

The activities of the ORANA Information Centre have been supported by several donors, including USAID, AHRTAG, Helen Keller International, and UNICEF

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